Review of the Healthy Streets Operations Center

A case study on coordinating San Francisco's response to encampments and street behaviors

CITY PERFORMANCE

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City & County Of San Francisco
Office of the Controller
City Performance

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City Performance Team (2018):
Peg Stevenson, *Director*
Laura Marshall, *Project Manager*
Emily Lisker, *Project Manager*
Cody Reneau, *Senior Performance Analyst*

For more information, please contact:

Laura Marshall
Office of the Controller
City and County of San Francisco
(415) 554-7511 | laura.marshall@sfgov.org

Or visit:

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Executive Summary

WHAT IS HSOC?

The City and County of San Francisco (City) launched the Healthy Streets Operations Center (HSOC) on January 16, 2018 to coordinate the City's response both to homeless encampments and to behaviors that impact quality of life, such as public drug use and sales. As public concern about these issues increased, by January 2018, the City grappled with responding to over 2,500 calls per week related to both encampments and unsafe street behaviors and conditions through various reporting mechanisms, including SF311 and the City's emergency (911) and non-emergency[1] phone numbers.

Given the complexity of these issues, many City departments play a role in a comprehensive response. HSOC co-locates the following City departments in the City's Emergency Operations Center at the Department of Emergency Management. On a daily basis, they deliver a coordinated response to both encampments and unhealthy street conditions in real-time, with twelve more departments providing additional support to HSOC and its operations.[2]

- San Francisco Police Department (SFPD)
- San Francisco Public Works
- Department of Homelessness and Supportive Housing (HSH)
- Department of Emergency Management (DEM)
- Department of Public Health (DPH)

Departments engaged in HSOC established a charter and strategic framework to clarify roles and document the vision, mission, values, and goals of the initiative. Departments may revisit and revise the strategic framework in the coming year as they consider the scope and purpose of HSOC and craft measurable objectives to show its impact.

Vision
San Francisco's streets will be healthy for everyone and those living on the streets will have convenient access to available City services.

Mission
Provide a coordinated City response to unsheltered persons experiencing homelessness, individuals struggling with behavioral health issues, street cleanliness, and related public safety issues to ensure San Francisco's streets are healthy for everyone.

Values
Lead with compassion and respect, empathize with the whole community, and believe that everyone can change and that safe and clean streets can be maintained.

Goals
- Ensure San Francisco's streets are safe and clean.
- Meet the housing, shelter, and service referral needs of individuals on the street.
- Improve the medical and behavioral health of individuals on the street.
- Deliver coordinated City services to effectively address encampments.

As written, the strategic framework illustrates the dual focus of HSOC: developing a

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[1] The non-emergency phone number is (415) 554-0123, but is referred to simply as "non-emergency" in this report.
[2] Additional departments include SF311, Controller's Office, Recreation and Parks Department, and more.

collaborative response to encampments, and also responding to street conditions that are often unrelated to homelessness, such as public drug use, drug sales and individuals with behavioral health issues.

The charter also explains HSOC's use of the Incident Command System (ICS) to organize its work. ICS provides a foundation for planning activities, communication and governance, though full adoption is still in progress as departments adapt to the structure.

Each week, operational supervisors meet to consider policies and major activities, while operational leads develop action plans and coordinate department efforts. Daily, the operational leads convene in the morning and again in the afternoon to share specific information about that day's deployment activity. HSOC also serves as a venue for other coordinating activity, such as Encampment Working Group planning meetings and training for HSOC-assigned police officers.

HOW HAS HSOC CHANGED THE CITY'S RESPONSE?

Over the last year, the operational teams at HSOC have tested many new ideas and strategies. This process of experimentation has shaped the current state of HSOC today and provides insights into how the City can continue developing this model of collaborative response. The following table summarizes several key areas where HSOC has changed the City's response.

Prior to HSOC – January 2018	Current State – January 2019
Call Intake	
Prior to HSOC, the City had multiple acceptable channels for reporting encampments and other issues callers experience on the street. The SF311 "homeless concerns" category included encampments, "well-being checks," needles, feces and other environmental health issues. DEM also received encampment and well-being check requests. Routing was inconsistent and the response could depend on how the request was received.	Using a phased approach, HSOC ultimately achieved one primary path for receiving, triaging, and coordinating dispatch for encampment-related service requests, and re-routed issues not specific to encampments to more appropriate channels (i.e., 911 for individuals in distress, Public Works for street cleaning).
Dispatch to Encampment Calls	
Prior to HSOC, the City's response to encampment-related service requests was dictated by the intake source. Public Works responded to SF311 requests while the SFPD responded to 911 and non-emergency requests. While each department could call upon the other for support, this generally resulted in long wait times in the field.	As HSOC revised the intake process to create a more consistent pathway for encampment calls, departments also clarified deployment. DEM and Public Works both have dispatchers on site at HSOC and they use site conditions to determine whether a paired response may be necessary. For most calls, SFPD officers have been designated as initial responders and they call HSOC to request support from other departments or to make referrals to HSH or DPH.

Prior to HSOC – January 2018	Current State – January 2019
Daily Planning and Response	
HSH developed the Encampment Response Team (ERT) to lead planning for large encampments (6+ tents, on site for a month or more). HSH established the Encampment Working Group to partner with SFPD, Public Works and other departments to plan "resolutions," which generally took a month to conduct.	▪ Over the course of 2018, the ERT and partners resolved nearly all of the city's largest encampments and began focusing on "inhabited vehicle encampments" in the latter part of the year. ▪ Additionally, HSOC began using the results of a new, quarterly tent count to identify encampments and develop resolution plans collaboratively among HSOC partners.
Use of Shared Data	
Prior to HSOC, most departments tracked data on their own operations. As an early model for collaborative data tracking (i.e., tracking data toward a goal each department has a role in achieving), departments first began collecting tent information as part of a 2017 initiative in the Mission District aimed at reducing the number of encampments in that neighborhood. This served as a model for HSOC's quarterly tent counts.	▪ SF311 provides mapping tools and reports of encampment service requests, and teams have begun using the SF311 application in the field to guide their response. ▪ HSH leverages the tent and vehicle counts to prioritize activities and planned encampment response efforts. ▪ DPH and HSH collaborate on a "High Priority List" using insights from field staff, SFPD officers, and Public Works crews to develop individualized interventions for clients who intersect with City services the most. ▪ The Controller's Office provides HSOC with dashboards to help Policy and Operations groups to reflect on progress toward goals.
Response to Street Behaviors	
In 2017, the City launched several initiatives to focus on quality of life issues such as public drug use and sales, loitering, and syringe disposal in the Tenderloin, Civic Center, and South of Market neighborhoods. These initiatives served as early testing ground for a collaborative, multi-departmental response to such issues.	SFPD, DPH and the Adult Probation Department conduct daily interventions in target areas, providing outreach, referral, connection to services, or a criminal justice response if necessary. This consistent, proactive and compassionate approach to addressing street behaviors is still being developed but has already connected individuals with substance use disorder to needed treatment.

WHAT ARE THE RESULTS IN HSOC'S FIRST YEAR?

Both the citywide number of homelessness-related service requests and the average response time to requests has trended down overall since HSOC's launch. The number of all homelessness-related service requests combines SF311, 911 and non-emergency service requests and calls, using

key words and police codes to distinguish those calls that relate to homeless individuals or encampments. While there is less available data for trend information on other elements of HSOC's operations, 2018 information can provide an initial baseline for encampment resolution and service linkage activities of HSOC. For example, collaborative teams resolved 25 large encampments in 2018, linking approximately 365 individuals to shelter as part of the resolution. The table below highlights some other key results for HSOC in its first year of operation.

Service Requests	January 2018	December 2018	% Change
Homeless-related requests for service[3]	12,223 requests	8,243 requests	-33% ↓
Average call response time[4]	123 hours	90 hours	-27% ↓
Citywide Tent Counts	**July 2018[5]**	**January 2019**	**% Change**
Tents/structures	568 tents/structures	341 tents/structures	-40% ↓
Sites with 5+ tents/structures	17 sites	5 sites	-70% ↓

[3] Requests for service is a combination of SF311 requests and Police emergency and non-emergency requests. Further methodology for this measure is detailed in footnote 21 of the full report.
[4] Response time is based only on SF311 calls, as Police emergency and non-emergency calls have different priority levels and response objectives.
[5] The first citywide tent count was performed on July 2, 2018 and has been performed quarterly since.

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1. Framing the Issue

As of January 2017, there were an estimated 7,500 people homeless in San Francisco on any given night, and 58% of these people were unsheltered.[6] These unsheltered people experiencing homelessness include those sleeping and living in vehicles as well as outdoors in tents or improvised structures on the street, in parks, or on other public and private property. In 2016 and 2017, San Francisco experienced an increase in large-scale encampments, which led to the creation of the Encampment Resolution Team (ERT) in August 2016. While the City does not have a formal count of all encampments at that time, there are anecdotal accounts of as many as 1,000 tents on the streets. The ERT engaged with and resolved 23 encampments of six or more tents or improvised structures between August 2016 and December 2017. These large encampments had an average of 43 individuals living in them, with some as large as 70. Encampments can pose significant public health risks and safety concerns, including the spread of disease through unsanitary conditions, high incidence of fires, and, at times, illegal activity.

San Francisco also faces other public health issues on its streets. Approximately 22,500 people inject drugs in San Francisco, and the Department of Public Health reports there are over 100 injection drug overdose deaths each year.[7] While these persons who inject drugs may be housed or homeless, many lack a safe environment to inject drugs and resort to doing so in public, and discarded needles pose a significant public health hazard.

At the same time, residents, businesses, and visitors have grown increasingly concerned about encampments, individuals on the street with mental health issues, people injecting drugs in public, syringes discarded on the streets, and the unhealthy and unsafe quality of life conditions these factors create, particularly in certain areas of San Francisco. As of January 2018, the City grappled with responding to over 2,500 calls per week related to both encampments and unsafe street behaviors and conditions from various reporting mechanisms, including SF311, the City's emergency (911) and non-emergency (0123) phone numbers, as well as emails and phone calls to individual City staff.

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[6] San Francisco Department of Homelessness and Supportive Housing (HSH). 2017 San Francisco Point-In-Time Count Report http://hsh.sfgov.org/wp-content/uploads/2017/06/2017-SF-Point-in-Time-Count-General-FINAL-6.21.17.pdf

[7] San Francisco Department of Public Health (DPH). 2017 San Francisco Safe Injection Services Task Force Final Report. https://www.sfdph.org/dph/files/SIStaskforce/SIS-Task-Force-Final-Report-2017.pdf

Figure 1.

Coordination initiatives before HSOC varied in mission, geography, and participation, but paved the way for a larger coordination effort.

	Mission District Homeless Outreach Project	Encampment Working Group	Twice Weekly Encampment Coordination Calls	Civic Center Working Group	Hot Spot Crews
Mission	Ensure **no tents** within the geographic boundaries of the Mission District	Address **encampments of 6 or more** tents or improvised structures, coordinated by HSH's Encampment Resolution Team (ERT)	Coordinate broader **encampment response** activity (including smaller encampments)	Address **quality of life issues**, including public drug use, criminal activity, loitering, and street cleanliness	Focus **cleaning of encampments** in known "hot spot" areas
Geography	Mission District	Citywide (except Mission)	Citywide (except Mission)	Civic Center	Citywide
# of primary depts. involved	5	11	5	7	3
Format	Monday through Friday in-person meetings	Bi-weekly in-person meetings	Twice weekly phone calls	Monday through Friday in-person meetings	Daily in-person joint operational response
Major accomplishments as of January 2018	• Addressed approximately 90% of encampments (56% reduction of tents in five months) • Over 250 people engaged with the majority accepting services and placement at 1515 South Van Ness Navigation Center	• Resolved 23 encampments since summer 2016, with two-thirds of these areas remaining free of encampments[8] • 66% of people in the resolved encampments accepted offers of shelter or navigation center placements[3]	• Improved coordination of areas requiring "unplanned" encampment response for urgent, criminal and public safety concerns	• Implemented environmental design changes • Piloted joint foot patrols of DPH Crisis Intervention Team and the SFPD to better engage individuals with behavioral health issues	• Targeted cleaning near and around large encampments and other areas with high volumes of environmental concerns (such as feces, syringes, waste, etc.) using a joint response between Public Works, SFPD, and (as available) HSH

[8] HSH. January 2018 Monthly Report to the Local Homeless Coordinating Board. http://hsh.sfgov.org/wp-content/uploads/2017/04/LHCB-January2018.jk-3-2.pdf

THE CITY'S CHALLENGE

Given the complexity of these issues and the impact they have on individuals living in encampments, those with behavioral health issues, as well as the broader community, many City departments, other public agencies, nonprofit organizations, residents, and businesses play a role in a comprehensive response. By 2017, San Francisco had established multiple initiatives to coordinate the City's response to these various issues. Each initiative had a distinct purpose based on a geographic area or issue type (see Figure 1).

The City experimented with these initiatives in a few key ways that helped pave the way for the launch of the Healthy Streets Operations Center (HSOC).

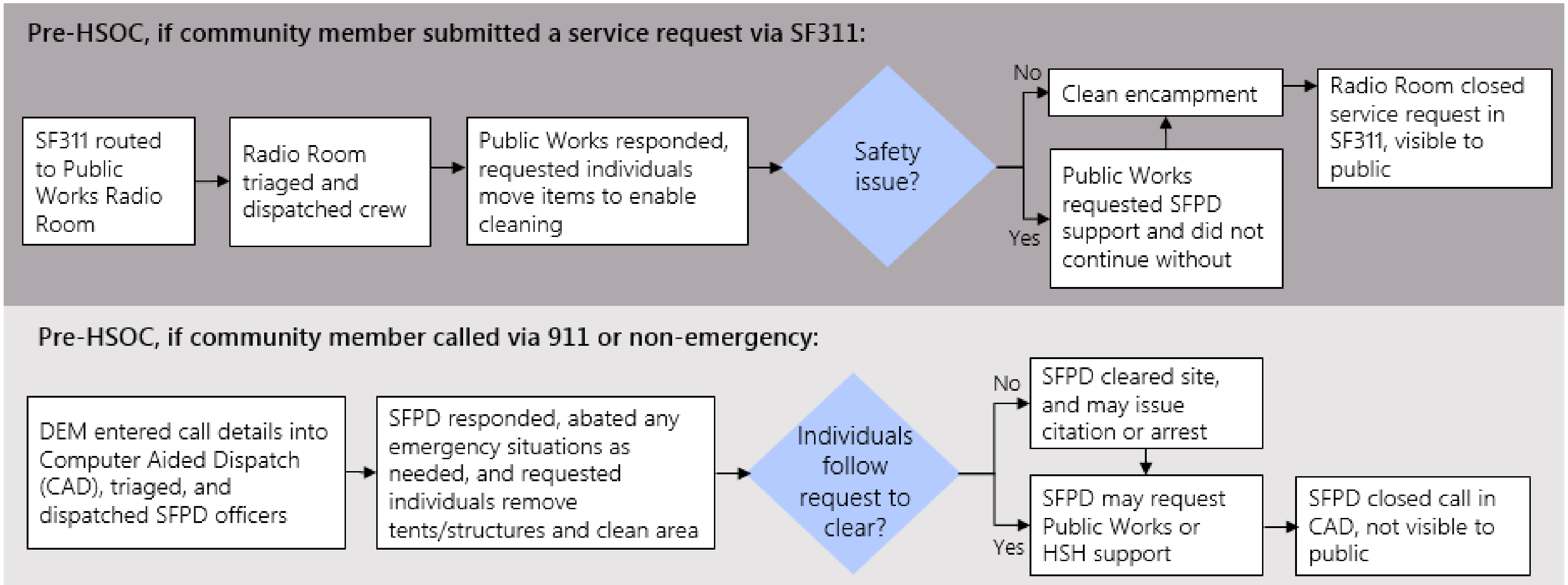
For example, the Mission District Homeless Outreach Project (MDHOP) resolved approximately 90% of encampments in the Mission district through daily coordination between key departments including the San Francisco Department of Homelessness and Supportive Housing (HSH), San Francisco Police Department (SFPD), and San Francisco Department of Public Works (Public Works).

Yet, the City still faced responding to over 300 calls for service related to encampments and homeless individuals via the primary channels of 911, non-emergency, and SF311 in the Mission in January 2018, underscoring the need for improved communication and transparency with the public regarding the City's response. In addition, through more frequent communication and collaboration, departments learned how inconsistent processes impact the City's ability to fully resolve encampments and other community concerns.

For instance, encampment-related calls to SF311 were sent directly to Public Works for cleaning around and removal of encampments, while encampment-related calls to 911 and the non-emergency line were handled by SFPD for a public safety response (see Figure 2 below). The average times for responding to calls varied widely between SFPD and Public Works (see Section 3), and in many cases, neither department was fully able to resolve the encampment on their own. Additionally, this process reflected the City's response to calls and service requests to encampments, but differed from the City's planned response to encampments, namely the process employed by HSH's Encampment Resolution Team as described in Figure 1.

Through these initial collaboration mechanisms, San Francisco discovered the need for a more unified response, linking all departments with a role in the response under one roof.

Figure 2.
Prior to establishing HSOC, different intake channels influenced how the City responded to encampment-related service requests from the public.[9]



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[9] Additional notification channels included notification by the public via direct calls or emails to departments, notification by field personnel, notification by elected officials, and/or notification by other departments. Any of these may prompt responses that go down the paths of Figure 2 or other routes.

2. Establishing HSOC to Respond to the Crisis

Building on the success of the Mission District Homeless Outreach Project (which had daily in-person meetings to focus collaboration in the Mission district) and the proven Incident Command System approach for organizing around major incidents, Mayor Edwin Lee initiated plans to activate the City's Emergency Operations Center (EOC) beginning January 16, 2018 to improve the coordinated response to encampments as well as street conditions impacted by behavioral health issues (mental health and substance use) among individuals on the street. This activation was eventually named the Healthy Streets Operations Center, or HSOC, reflecting the interdepartmental initiative's vision described below.

DEVELOPING PARTNERSHIPS

HSOC co-locates the following five City departments on a daily basis to deliver a coordinated response to both encampments and unhealthy street conditions in real-time, leveraging the EOC's established unified structure that brings essential partners in the same room to align efforts and ensure efficient operations.

- SFPD
- Public Works
- HSH
- Department of Emergency Management (DEM)
- Department of Public Health (DPH)

HSOC also coordinates the work of other vital supporting agencies[10] and departments, listed below. This structure enables planning, information-sharing, and resource management across the City departments and agencies that play crucial roles in addressing both encampments and unhealthy behaviors of individuals on the street.

- SF311
- Adult Probation Department (APD)
- City Attorney's Office (CAT)
- Controller's Office (CON)
- Fire Department (SFFD)
- General Services Agency (GSA)
- Municipal Transportation Authority (MTA)
- Port of San Francisco (Port)
- Public Utilities Commission (PUC)
- Recreation and Parks Department (RPD)
- Sheriff's Department (Sheriff)

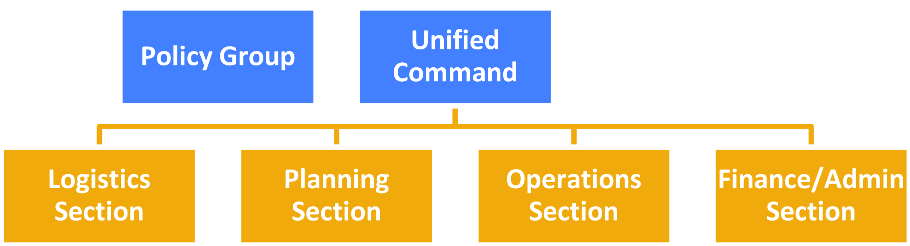
HSOC formed a charter to establish an agreed-upon governance structure, operational roles and responsibilities, and a strategic framework, described in further detail below.

[10] Includes the California Department of Transportation, Caltrain, California Highway Patrol, San Mateo County Sheriff, United States Park Police, etc.

USE OF THE INCIDENT COMMAND SYSTEM

The City formed HSOC with the Incident Command System (ICS) as its foundation. At its core, ICS provides guidance on how to design effective incident management by integrating facilities, equipment, personnel, procedures, and communications within a common organizational structure. ICS facilitates activities within and across five main functional areas: command, operations, planning, logistics, and finance and administration. In this case, the "incident" that HSOC was designed to manage is broad and complex – homeless encampments, individuals struggling with behavioral health issues on the streets, street cleanliness, and related public safety issues.

Figure 3.
HSOC uses ICS to coordinate efforts among departments. The Policy Group provides strategic direction and Unified Command oversees operational activities.



Planning

Using ICS, HSOC established a weekly operational period. Each week, operational supervisors meet to consider policies and major activities, while operational leads develop action plans and coordinate department efforts. Daily, the operational leads convene in the morning and again in the afternoon to share specific information about that day's deployment activity. HSOC also serves as a venue for other coordinating activity, such as Encampment Working Group planning meetings and training for HSOC-assigned police officers.

Governance

Representatives from the Mayor's Office as well as department heads from the primary and supporting City departments comprise a policy group, which convenes bi-weekly to receive operational updates, monitor progress, approval final plans, and provide major policy direction.

Challenges with ICS

The City adopted an ICS structure because several of the collaborating departments are already trained in this response protocol and consistently use it to good effect during emergencies (e.g., SFPD, DEM, etc.). However, HSOC also includes departments that do not typically engage in ICS

responses, and are not fully conversant in ICS terminology, structure, and planning and deployment mechanisms.

Additionally, unlike traditional EOC activations which typically organize resources around a defined scene like a natural disaster or a large festival, HSOC involves the reactive response to calls for service across multiple incident scenes and types across the city (i.e., encampments, public drug use, etc.) as well as the proactive, planned response to these concerns. In addition, the timeline for the types of incident scenes that HSOC coordinates is often open-ended.

Departments have expressed commitment to the ICS model, but have had to adapt it to the special needs and issues of HSOC, and full adoption continues to be a work in progress. HSOC may more appropriately use the "Unified Command" model, given the multi-departmental structure. See Appendix A for further information about how HSOC is applying the core concepts of ICS and related challenges with the model.

STRATEGIC FRAMEWORK

The vision, mission, values, and four overarching goals and associated objectives as outlined in HSOC's charter are summarized in Figure 4 below. The goals described below reflect the priorities of City leadership in January 2018, as confirmed through the adoption of the charter in August 2018.

Over the course of 2018, departments continued to refine the scope and purpose of HSOC, as well as the role HSOC plays in supporting departments to achieve their internal mission and vision. For example, HSH has an internal strategic plan aimed at addressing homelessness, and uses HSOC as just one component of that plan, namely to support collaborative encampment response.

The HSOC strategic framework illustrates the dual focus of HSOC: developing a collaborative response to encampments, and also responding to street conditions that are often unrelated to homelessness, such as public drug use, drug sales and individuals with behavioral health issues. As discussed in Section 3, this dual focus led to several new initiatives in HSOC's first year.

The policy group may revisit and revise the strategic framework in the coming year. It should be considered a "living document" as HSOC continues to evolve, and particularly as departments begin to craft more measurable objectives with targets to define success.

Figure 4.
HSOC's strategic framework defines four broad goals for a coordinated response.

Vision: San Francisco's streets will be healthy for everyone and those living on the streets will have convenient access to available City services.

Mission: Provide a coordinated city response to unsheltered persons experiencing homelessness, individuals struggling with behavioral health issues, street cleanliness, and related public safety issues to ensure San Francisco's streets are healthy for everyone.

Values: Lead with compassion and respect, empathize with the whole community, and believe that everyone can change and that safe and clean streets can be maintained.

Goals:	Objectives:
❶ Ensure San Francisco's streets are safe and clean.	Reduce drug-related and criminal activity in areas prioritized by HSOC.
	Reduce environmental hazards in areas prioritized by HSOC (syringes, filth, fires).
	Reduce incidents leading to service requests in areas prioritized by HSOC.
❷ Meet the housing, shelter, and service referral needs of individuals on the street.	Increase placements of homeless individuals in areas prioritized by HSOC into housing, shelter, and residential treatment programs.
❸ Improve the medical and behavioral health of individuals on the street.	Reduce the number of deaths related to homelessness.
	Increase connections between homeless individuals and individuals on the street in areas prioritized by HSOC with support services, including medical and behavioral health services.
	Increase outreach efforts to "priority individuals" with high needs and/or frequent law enforcement contact.
❹ Deliver coordinated City services to effectively address encampments.	Reduce tents, improvised structures, and encampments.
	Improve response time to encampment-related calls for service.
	Reduce re-encampment in areas prioritized by HSOC.

3. The Evolution of HSOC Operations

As the City developed HSOC over the last year, the operational teams have tested many new ideas and strategies. This process of experimentation has shaped the current state of HSOC today and provides insights into how the City wants to continue developing this model of collaborative response. Figure 5 identifies many critical milestones HSOC accomplished since opening on January 16, 2018. Appendix B provides additional detail about the timeline and activities.

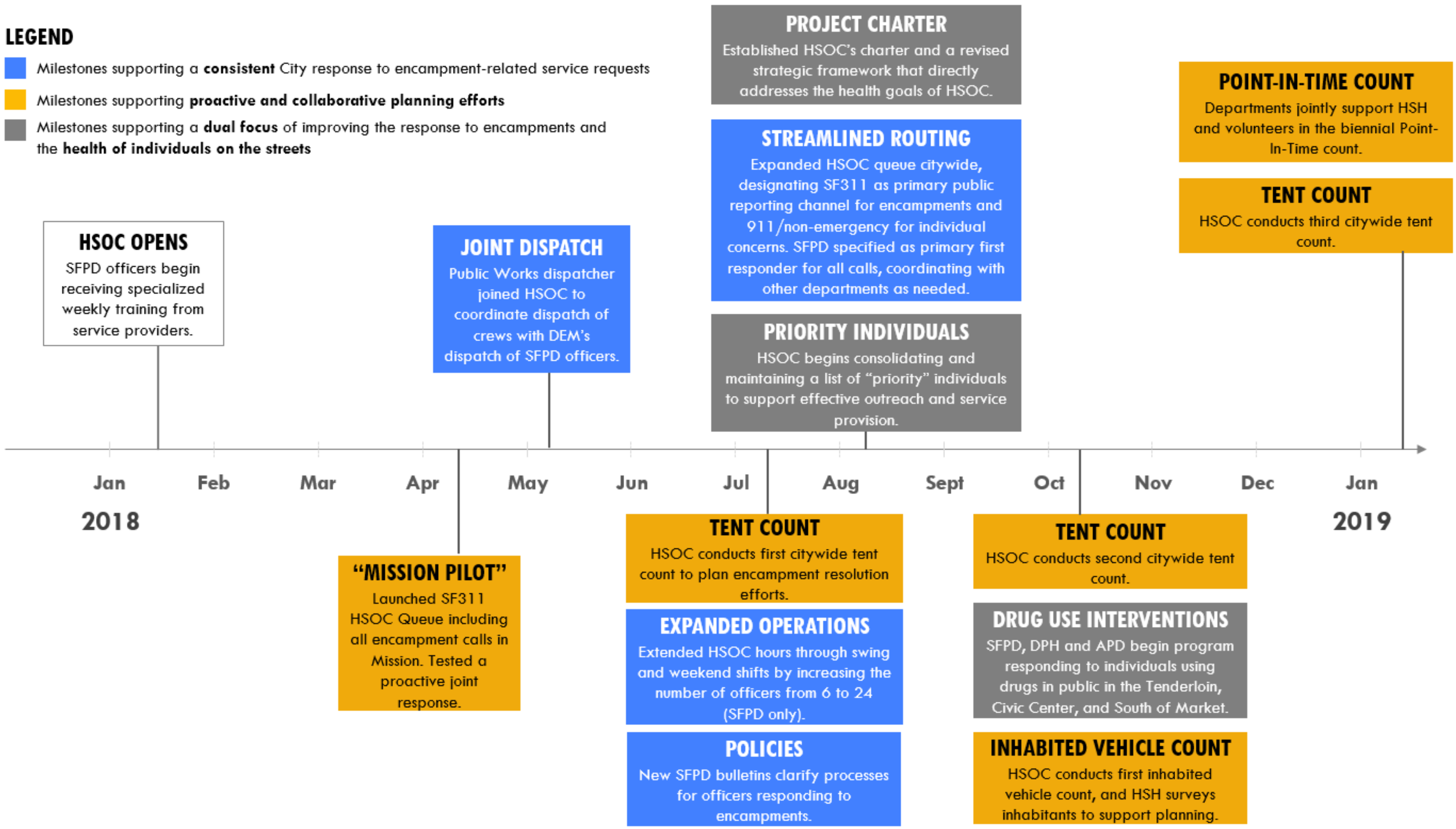
As seen in the timeline, the evolution of HSOC has included three key issue areas:

- Creating a consistent City response to service requests from the public regarding encampments.
- Testing more collaborative and proactive efforts, rather than a purely reactive approach to addressing calls and encampments.
- Grappling with the challenge of a dual focus: encampment response and creating a collaborative approach to addressing the complex needs of individuals.

The sections below describe these three areas in more detail, followed by a high-level discussion of additional areas where HSOC has explored and developed a model of collaborative response.

Figure 5.

HSOC accomplished several milestones in its first year.



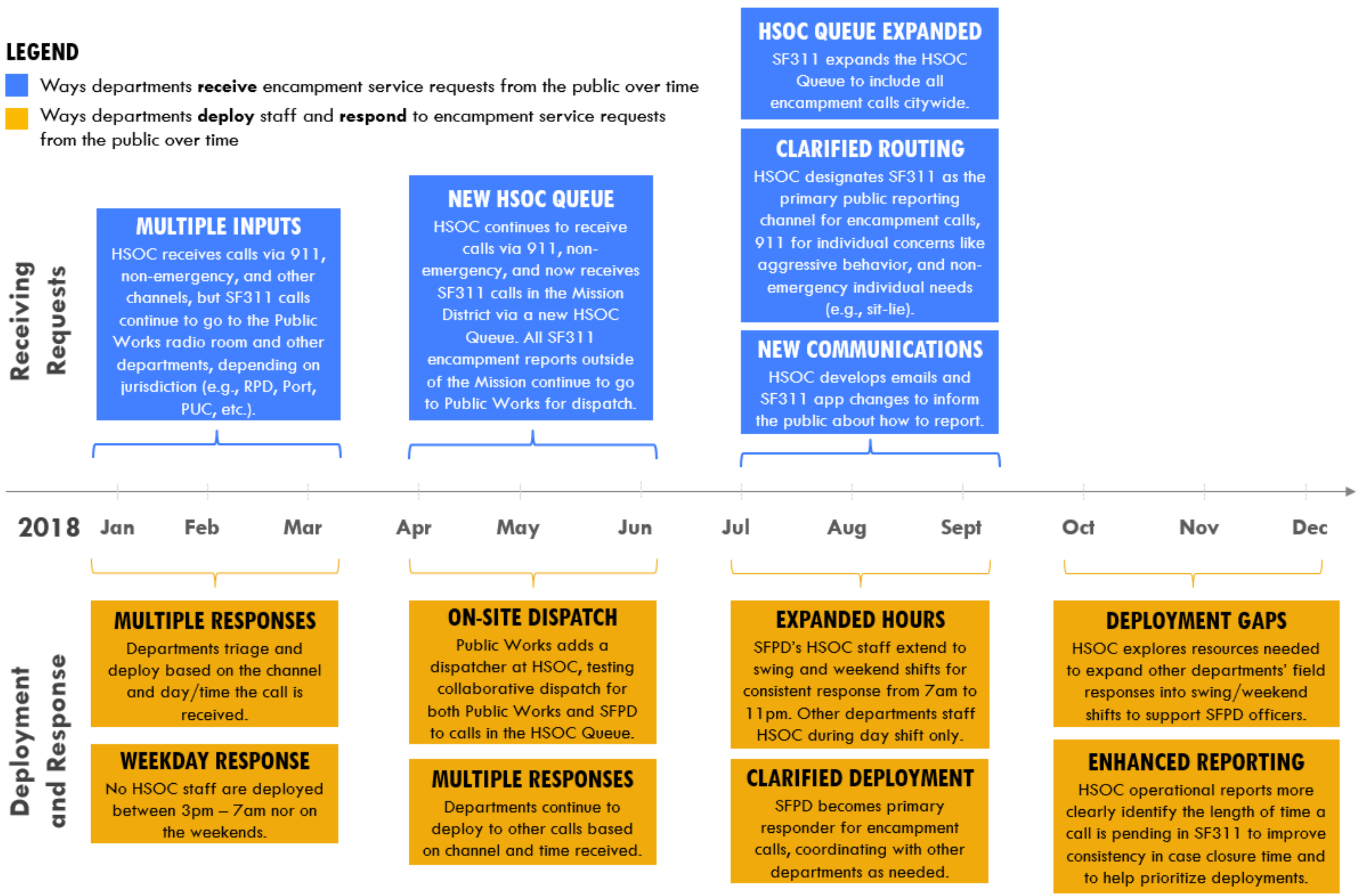
CREATING A CONSISTENT CITY RESPONSE

Prior to HSOC, the City had multiple acceptable channels for the public to use to report encampments. In its first year, HSOC prioritized streamlining how the City receives and deploys to calls for service. This involved disentangling a variety of issues and multiple pathways of reporting. Namely, SF311 had previously used a "homeless concerns" category within its public application that included encampments as one sub-category; as well as "well-being checks" on individuals in distress; and needles, feces and other environmental health issues. Using a phased approach, HSOC ultimately achieved one primary path for receiving, triaging, and coordinating dispatch for encampment-related service requests, and re-routed issues not specific to encampments to more appropriate channels (i.e., 911 for individuals in distress, Public Works for street cleaning). Key steps to this phased approach are summarized in Figure 6 below.

As noted in Figure 6, SF311 made several modifications to the public reporting process via the SF311 application in July and August 2018. These modifications narrowed the scope of concerns that could be reported via the application. Rather than the broad option of "homeless concerns" (which had included issues not specific to homelessness), the updated version of the application targets encampments, reminding individuals to call 911 or the non-emergency line for emergencies, individuals concerns, and criminal activity (see Figure 7). In addition, the request form now asks specific questions about the site. These questions help responding departments to make efficient and effective deployment decisions.

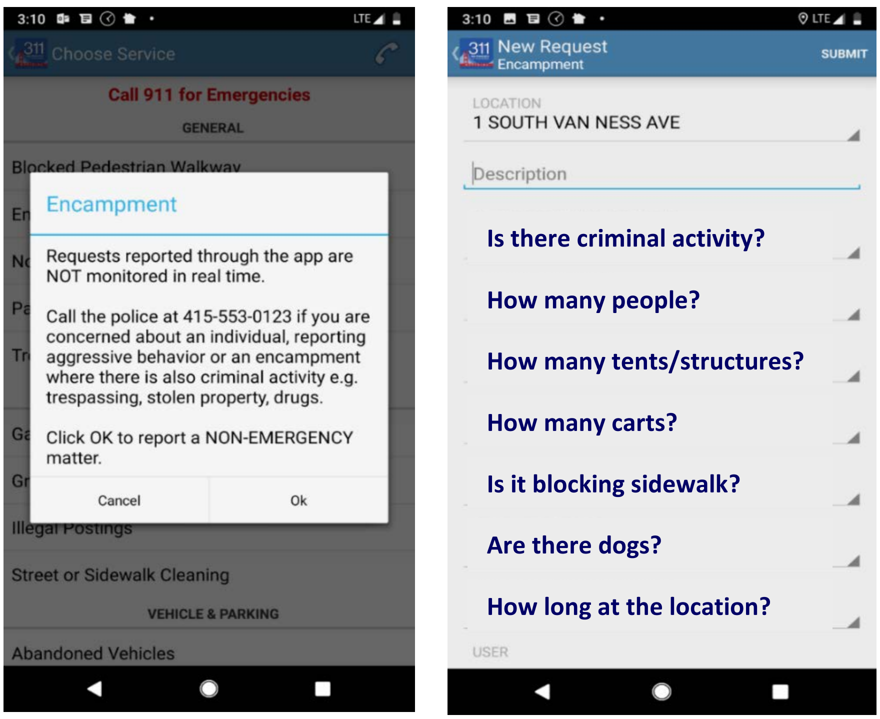
Figure 6.

The City phased in changes to streamline how HSOC receives and deploys to calls for service regarding encampments.



By January 2019, these various changes and unequal resource availability across departments have resulted in an SFPD-focused initial response to service requests from the public, with support from Public Works. Officers and crews may call into HSOC to make referrals for support services to DPH or HSH. However, neither HSH nor DPH have resources to deploy outreach workers to every service request. It is important to note that the majority of SF311 service requests related to encampments do not result in a shelter or housing placement for the individuals involved. Instead, HSH conducts regular outreach to homeless individuals via teams deployed geographically and uses the planned encampment resolution process described in the next section to engage with and offer services to homeless individuals living in encampments.[11]

Figure 7.
Narrowing the scope of SF311 and modifying the request form to ask key questions was necessary to improve consistency and efficiency of response.



[11] The City has made significant new investments in shelter beds and housing in recent years. HSH uses the "coordinated entry" model, a national best practice, to prioritize housing placements for those individuals assessed as highest need. Some shelter and Navigation Center beds are designated for these prioritized individuals as they prepare for placement into housing. HSH has assessed more than 4,000 individuals for coordinated entry to date, though not all of the individuals in encampments that SFPD and Public Works respond to can be prioritized for housing.

A GROWING EMPHASIS ON COLLABORATIVE AND PROACTIVE EFFORTS

At its inception, HSOC prioritized response to calls for service via 911, the non-emergency line, SF311, and other channels to address the community's mounting concerns around encampments as well as street safety and cleanliness issues. However, HSOC representatives acknowledged the need to add greater emphasis on proactive, planned and collaborative efforts to address encampments, resolve sites, and connect individuals with the homeless response system. As noted in Figure 1, the City had a model for planned, collaborative response to large encampments using the Encampment Working Group and ERT which had already been effective in addressing 23 large encampments prior to HSOC's launch. HSOC now needed to test how to leverage its new partnerships to expand and enhance planned efforts.

Joint Response to Service Requests

As one initiative, HSOC began testing proactive efforts in April 2018 in response to growing numbers of encampments and calls for service in the Mission district. HSOC deployed a team of Public Works staff and SFPD officers using a geographic approach to addressing known locations of encampments, closing other service requests in that vicinity at the same time. While it led to a backlog and spike in calls and tents, this was largely due to under-resourcing of the pilot (i.e., each site took more time than planned to resolve, and the two teams had difficulty making progress on their task list). Departments are continuing to test this model in new settings as resources are added.

Subsequently, and following ten months of HSH outreach efforts and building on this collaborative approach, SFPD officers and Public Works crews conducted multiple large-scale operations in the Mission. These teams jointly deployed and resolved encampments in a targeted area in collaboration with HSH outreach team members stationed at a nearby location for engagement and referrals. In one-such planned engagement, the number of tents in the Mission had spiked to 108 (on April 24, 2018). The operation brought the count of tents in that neighborhood down to 25 (on April 27, 2018).

What is Encampment Resolution?

HSH leads with services: Outreach workers visit the site for one or more days in advance of the day chosen for resolution. HSH requests support from DPH and other departments if needed. Individuals receive referrals to shelter, Navigation Centers, and other services and are informed that the encampment will be removed on a specific date.

Public Works cleans the area: Crews collect belongings for storage or transportation to Navigation Centers, clean the area and remove debris left after individuals depart.

SFPD maintains safety: Officers ensure individuals safely leave the area on the day of the resolution, and enforce the law if there is criminal activity, such as violence.

Tent Counts Inform a Planned Response

Though HSOC eventually designated SF311 as the primary tool for public reporting of encampments, HSOC developed a more proactive mechanism to plan outreach, engagement, and

resolution of the largest encampments. In July 2018, HSOC conducted the first citywide tent count, using the model developed during the 2017 MDHOP initiative (see Figure 1). With location as the primary identifier, the tent count resulted in a total number of tents and improvised structures citywide, as well as a count of tents by location. The count provides more reliable information about the size and location of encampments throughout the city than subjective and often incomplete detail provided through calls to SF311 (see Figure 15 in the next section for a comparison of call volume with the most recent tent count results).

The first tent count identified 19 locations with five or more tents. Of these, just two had more than ten tents in a defined area. The tent count showed that the work of the ERT and Encampment Working Group over the prior two years had nearly eliminated the largest encampments.[12] The tent count also created a roadmap for HSOC, with the teams targeting those areas with six or more tents or structures for planned resolution.

Planned resolutions provide a window for HSH to conduct outreach, offer services, and inform individuals within an encampment that the encampment will be removed within a designated time period. Planned resolutions (unlike unplanned responses as a result of service requests) generally result in up to two-thirds of the individuals in that encampment accepting a seven-day shelter bed or a Navigation Center bed, according to HSH. While placement in shelter or a Navigation Center does not guarantee linkage to housing, this time indoors can help connect these individuals with the HSH's broader homeless response system, including assessment and prioritization for housing.

After the first tent count, HSOC created a process to replicate the count quarterly, and in November, HSOC also conducted an "inhabited vehicle" count. These counts have become critical planning tools for HSOC's collaborative response to encampments.

Challenges with Collaboration

Planning collaborative operations at HSOC has not been easy. Historic siloes between departments, distinct missions, and an imbalance in HSOC-dedicated resources across departments all contribute to the challenge.[13] DEM and the Controller's Office have taken on convening roles to support the facilitation of the operational and policy groups and to help address these challenges. With a particular focus on operational improvements, the Controller's Office facilitated numerous sessions with the operational leads to help departments come to agreement on key decisions, ensure unique perspectives are shared, and create consistent and sustainable practices. Key examples of the collaborative efforts that DEM and the Controller's Office helped to facilitate include:

- Creating a strategic and performance measurement framework, outlining HSOC's overarching goals, objectives, and strategies (see Strategic Framework above).

[12] In addition to the initial resolution, SFPD, Public Works and HSH conduct "re-encampment prevention" efforts by regularly visiting a recently cleared area to ensure it stays clear through cleaning, outreach and enforcement if needed.
[13] SFPD added dedicated officers to HSOC more quickly and a higher volume than other departments, limiting the extent of joint departmental responses.

- Developing zone plans that identify key issues, strategies, and performance measures associated with activities in each zone (see Appendix C for more detail).
- Supporting the creation of a shared tool for planning proactive, collaborative work and prioritizing resources for sites with tents, structures, inhabited vehicles, and previously resolved sites.
- Growing the agencies that play an operational and/or policy role at HSOC to include partners such as RPD, EMS-6[14], SFMTA, ADP, and Sheriff, among others.

Departments continue to need a coordinating entity to help troubleshoot process issues, such as aligning departmental protocols. Beginning in 2019, DEM has increased its own support of the operations of HSOC by deploying staff to support further adoption of the Unified Command structure for cross-departmental collaboration.

THE CHALLENGE OF A DUAL FOCUS

The 2017 Civic Center Working Group (see Figure 1) used a collaborative, multi-departmental response to address drug use and sales, loitering, discarded syringes, and related quality of life issues in the Civic Center, Tenderloin and South of Market neighborhoods. From its launch in January 2018, departmental and Mayoral leadership expressed an interest in HSOC incorporating the work of this group into standing operations, and this is reflected in the goals of the HSOC Strategic Framework (see Figure 4).

Additionally, while early emphasis at HSOC was placed on homeless encampments and response to calls about these encampments, as that work gained traction, HSOC expanded its focus to directly address the more complex needs of individuals, including both homeless individuals and those who are housed but displaying unhealthy behaviors on the City's streets.

The following sections summarize two strategies HSOC has developed over its first year to better address the needs of housed and unhoused individuals with complex health, behavioral and service needs.

Care Coordination at HSOC

In August 2018, HSOC, and more specifically DPH and HSH, began consolidating information about priority individuals in need of care. DPH and HSH have a Memorandum of Understanding to allow them to collaborate on the care of individuals, and these departments can receive information from other sources, such as police officers and Public Works crews who regularly engage with people on the streets. DPH and HSH use this consolidated information to guide plans for outreach, engagement, and response. Priority individuals may be high utilizers of multiple systems (such as 911 and emergency medical services); housed, sheltered or unsheltered; unresponsive to service

[14] EMS-6 is an SFFD program in partnership with HSH, which responds to medical needs of a targeted list of homeless individuals who are historically high users of multiple systems. With HSH support, EMS-6 facilitates connections to healthcare services, available emergency shelters, Navigation Centers, and other placement options.

offerings; and/or have medical issues, behavioral health issues, and/or a history of problematic behaviors. The DPH representative at HSOC combines this information from two primary sources:

- Various lists of priority individuals or "top users" from key departments.
- Weekly meetings with SFPD officers and twice weekly case conferences, which offer field staff from SFPD, Public Works, and other operational agencies a platform to share information about individuals they've regularly encountered and/or have concerns about on the street with service providers from DPH and HSH.

DPH developed the HSOC Interdepartmental High Priority Intake Form for both service providers and SFPD to help streamline referrals, service coordination, and service provision for individuals experiencing multiple and complex health and psychiatric issues. As individuals are added to the list, DPH and HSH consult internally and externally to identify the best approach to serve and provide care for each individual, and uses case conferences to coordinate among partners and find a path toward stabilizing an individual and decreasing unhealthy street behaviors. If an individual on the list is homeless, HSH may also engage that person in its assessment process to determine if s/he should be prioritized for housing placement. This person-centered approach can be particularly meaningful when an individual has been unresponsive to previous service offerings, and it is made more effective through input from all the collaborating departments.

As of January 2019, there are 33 individuals on the HSOC High Priority List. It is now the work of HSOC teams to link these individuals with wraparound services such as case management, housing advocacy and stabilization, behavioral health treatment, medical or psychiatric stabilization, family work, jail health services, benefits advocacy, conservatorship, etc.

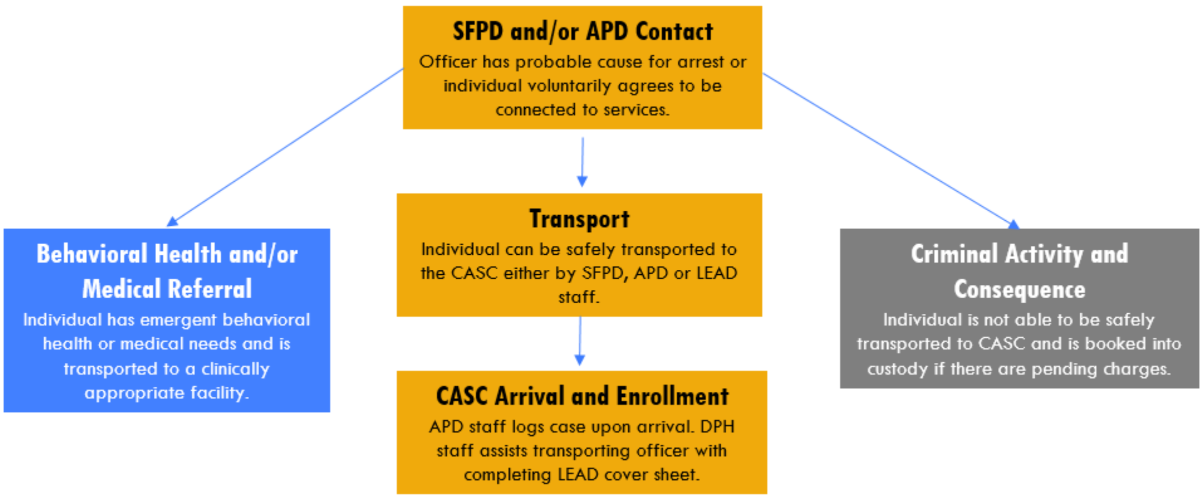
Addressing Street-Based Substance Use

During the spring of 2018, the operational leads at HSOC began planning strategies to address the issues prevalent in "Zone 2," comprising the Civic Center, Tenderloin and parts of South of Market neighborhoods (zones discussed in more detail below). The primary issues in Zone 2 related to public use of drugs, drug sales, and loitering associated with both of those activities. Partnering departments had seen success in collaborating around encampment resolutions, but these issues in Zone 2 required a different response, one led by SFPD, DPH and the Adult Probation Department (APD).

Throughout the spring and summer of 2018, SFPD took the lead in testing a variety of other interventions in Zone 2, including convening community meetings to work with neighborhood partners to address their concerns. By October 2018, the SFPD formally launched the Healthy Streets Intervention Program (HSIP) as a key Zone 2 strategy. HSIP represents a collaborative, services-first strategy designed to intervene and disrupt open air drug use and the quality of life issues associated with it in hot-spot areas.

Through HSIP, SFPD officers approach individuals on the street and offer to connect the individuals to services, with most service linkage coordinated through APD's Community Assessment Service Center (CASC). Figure 8 describes the intervention pathways during HSIP operations.

Figure 8.
Through HSIP operations, SFPD and APD officers connect individuals engaging in illegal behaviors with treatment at the CASC or DPH facilities whenever possible and use enforcement action as required.



SFPD officers from district stations, in partnership with HSOC-assigned officers, lead two-hour daily HSIP operations in key areas, as well as large-scale operations weekly. Individuals may be immediately transported to services, including the CASC or medical facilities. Homeless individuals may be transported directly to a shelter by SFPD. Between December 2018 and January 2019, HSOC conducted 18 HSIP operations (some for two hours and others for a full day), leading to 147 referrals to services including CASC, shelter, or medical facilities.[15]

HSIP builds upon the LEAD program (Law Enforcement Assisted Diversion) first launched in October 2017 in San Francisco. Specifically, LEAD is a pre-booking diversion program that refers individuals at high risk of arrest for drug-related offenses, at the earliest contact with law enforcement, to community-based health and social services as an alternative to jail and prosecution. During HSIP operations, DPH clinicians placed at the CASC assess and engage clients referred by SFPD and APD. While not all individuals referred to the CASC through HSIP operations enroll in LEAD, the program engaged 225 individuals in 2018, an average of 25 per month.

ADDITIONAL AREAS OF OPERATIONAL CHANGE

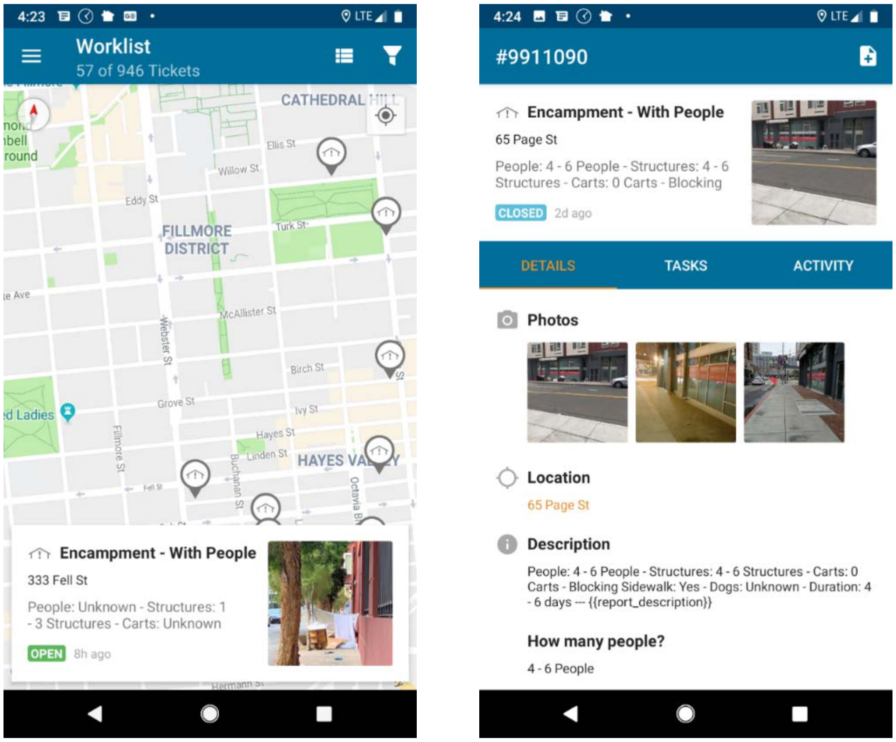
HSOC has changed its operations in several additional ways since activating in January 2018, including changes to its prioritization framework, organizational structure, and transparency with the public, as summarized below.

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[15] Referral numbers are based on SFPD tracking, which may differ slightly from DPH tracking of HSIP events.

- **Shifting from Zone-Based Strategies to Citywide Efforts.** HSOC started by focusing on zones, and created zone plans and geographic boundaries meant to guide response and deployment activities (see Appendix C for more detail). The Controller's Office facilitated meeting to develop zone plans. The plans lay out issues within each zone, but few of the strategies in the plans are specific to that zone. For example, the way departments remove tents and maintain a cleared area remain consistent regardless of whether the area is in a zone or not. Currently, most deployment out of HSOC is conducted at a citywide level. Zone 2 covering the Civic Center and parts of the Tenderloin continues to have a behavioral focus, and Zone 3 encompassing the Mission continues to have a focus on encampment response. Despite the shift, there may be interest among some departments to revert to a zone-based approach, as this can help with resource allocation and prioritization.
- **Modifying the ICS Structure to Meet HSOC's Needs.** HSOC continues to adjust the basic ICS structure to address operational challenges, such as adding higher level management to daily operations who have ability to make operational decisions for their departments, including two SFPD captains, a commander with direct report to the SFPD chief, as well as deputy director from HSH and senior level management from DPH. In addition, HSOC is working to include additional operational partners, such as the San Francisco Municipal Transportation Authority (SFMTA), ADP, and the Sheriff, who were not included in the initial core group of responding agencies. Such changes may continue while HSOC continues to expand its focus.
- **Improving Transparency with the Community.** HSOC initially relied on dispatchers at 911 and the Public Works' radio room to close calls. During the second quarter of 2018, HSOC started testing a system for field staff (e.g., police officers) to view and resolve calls in the field, including adding "before and after" photos of the scene to document the City's actions (see Figure 9). As of January 2019, SFPD, Public Works, HSH and 311 closed over 8,000 requests using 311's Connected Worker App. Additional ways HSOC has worked to more clearly explain the City's response include:
    - Moving towards more standard SF311 case closure reasons rather than inconsistent free-text not always describing the City's actions.
    - Developing standard public messaging FAQ's explaining HSOC's work.
    - Dedicating a Public Information Officer to HSOC to share details and data about the City's work both internally and with external stakeholders.

Figure 9.
The system for field staff to view and resolve calls improves transparency with the community.



3. Using Data to Show Results

The Controller's Office supported HSOC in the development, collection, and presentation of metrics that measure progress towards HSOC's stated goals. Measures include high-level citywide indicators, such as service request call volume, as well as operational performance measures describing the activities of HSOC and responding departments. These measures are regularly presented to HSOC stakeholders via online dashboards, and the Controller's Office remains invested in improving data collection, tracking, and performance monitoring.

Figure 10.
High-level citywide indicators show improving conditions during 2018.

	January 2018	December 2018	% Change
Homeless-related requests for service[16]	12,223 requests	8,243 requests	-33% ↓
Average call response time[17]	123 hours	90 hours	-27% ↓
	July 2018[18]	January 2019	% Change
Tents/improvised structures	568 tents/structures	341 tents/structures	-40% ↓
Sites 5+ tents/improvised structures	17 sites	5 sites	-70% ↓

CITYWIDE INDICATORS

Count of Tents and Improvised Structures

The number of tents and improvised structures on San Francisco's streets and sidewalks is an essential high-level indicator of the impact of encampment resolution efforts made by HSOC over the last year. As noted in prior sections, HSOC began a quarterly count of tents in July 2018, and now uses the count as a tool for planning joint operations to resolve larger sites. The results of the quarterly tent count over time reflect some of HSOC's progress to address its goals, as seen in Figure 11.

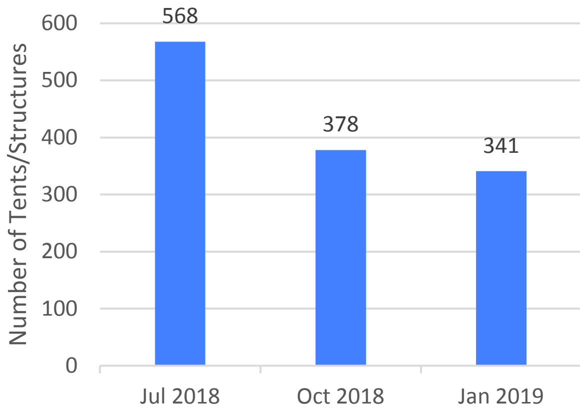
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[16] Requests for service is a combination of SF311 requests and Police emergency and non-emergency requests. Further methodology for this measure is detailed in footnote 21.

[17] Response time is based only on SF311 calls, as Police emergency and non-emergency calls have different priority levels and response protocols.

[18] The first citywide tent count was performed on July 2, 2018 and has been performed quarterly since.

Figure 11.
The total number of tents and structures fell by 40% over three quarterly counts in 2018 and 2019.



The January 2019 tent count demonstrated a reduction of over 220 tents in the six-month period, but further, it showed that the ERT and encampment resolution processes reduced the number of large encampments, sites with five or more tents or structures, by 70%.[19] The July 2018 count included 17 sites of this size, while the January 2019 count included just five.[20]

Service Request Call Volume

Since the launch of HSOC in January 2018, operational departments have aimed to address homelessness-related service requests efficiently. This should lead to an overall reduction in the number of requests due to fewer repeated requests for the same issue. A coordinated response should also result in faster call resolution time, as the necessary responders will be dispatched to the scene together.

It is important to note that HSOC is not the only entity impacting these high-level indicators: City departments and nonprofits have been working to address homelessness issues in a variety of ways independent of HSOC, and even changes in the public's attitude towards homelessness and related issues can increase or decrease calls for service. However, if these indicators trend in the wrong direction, it would be an important warning sign for HSOC's stakeholders.

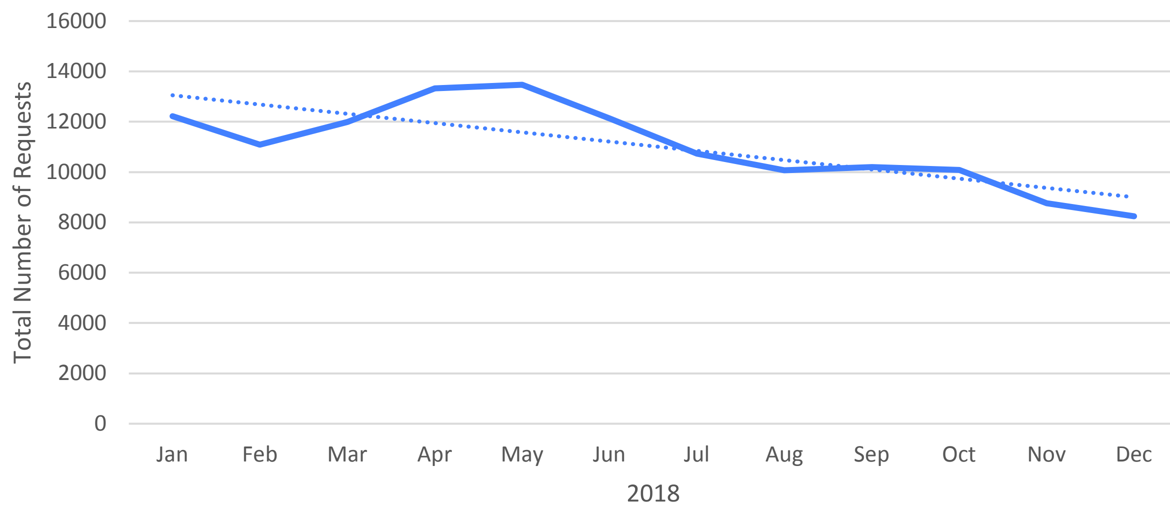
Encouragingly, both the citywide number of homelessness-related service requests and the average response time to requests has trended down overall since HSOC's launch. The number of all homelessness-related service requests combines SF311, 911 and non-emergency service requests and calls, using key words and police codes to distinguish those calls that relate to homeless

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[19] The Controller's Office and HSOC departments validated the results of the October 2018 and January 2019 tent counts, but could not validate the July 2018 data. July results should be considered an estimate.
[20] As noted in prior sections, HSOC began conducting counts of inhabited vehicles in November 2018. These counts have not been fully validated at the time of this report, and will not be explicitly reported here. Some preliminary results are visualized in Figure 15.

individuals or encampments. Figure 12 shows the total number homelessness-related service requests each week since HSOC's launch.

Figure 12.
Number of homelessness-related service requests are down since HSOC's launch.[21]

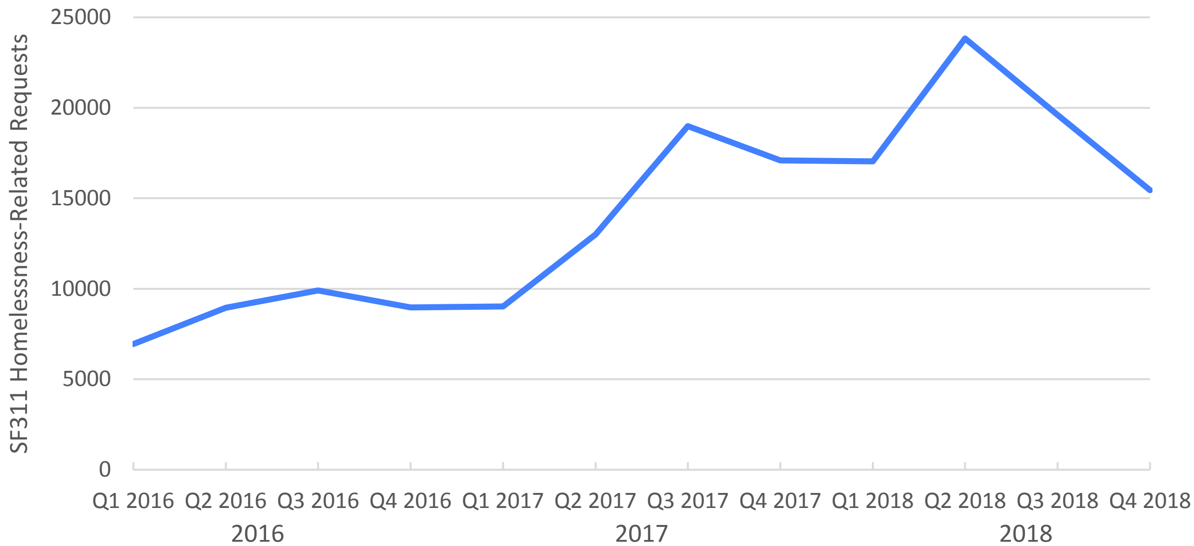


As shown in Figure 12, the total number of service requests to the City has been trending down since the launch of HSOC in January 2018. In January, City agencies received approximately 12,223 homelessness-related calls for service. In December, the City received approximately 8,243—a reduction of almost 4,000 calls monthly, or 33%. Due to seasonal variations, month-to-month comparisons should be made with caution; however, as shown by the dotted blue trend line above, calls generally decreased throughout 2018.

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[21] Requests to SF311 that have the words "homeless" or "encampment" are used to estimate the total number of SF311 service requests, excluding calls in the "Medical Waste" and "Human Waste" subcategories. Call volume can be considered an estimate, as some calls to SF311 may relate to homelessness but not be explicitly identified as such. Calls to 911 or 0123 with call code types indicating a homeless-related request and encampment (915 call code), sit/lie violation (919), or aggressive solicitor (920) are used to estimate the number of Police calls. As with SF311, there may be other calls associated with a homeless individual that are not captured via these codes.

Figure 13.
Homelessness-related SF311 service requests have increased year over year since 2016, but trend down over the last two quarters of 2018.



A multi-year trend using the same keyword parameters shows that homelessness-related SF311 service requests increased sharply since 2016. These calls increased by 63% between 2016 and 2017 and increased by 32% between 2017 and 2018. Though there were more calls in 2018 than in 2017, Figure 13 shows a promising decline in calls over the final two quarters of 2018. To place this figure in more context, all SF311 call volume has increased in the last three years, though at a more consistent rate of 15-16% per year.

Impact of Routing Changes

As noted in Section 2, the City made numerous changes to call routing over the course of 2018 which make understanding the call volume more complex. In July 2018, SF311 updated its processes to no longer accept service requests related to individual concerns, such as aggressive behavior or wellbeing checks. Until that point, there had been approximately 1,288 SF311 requests per month coded in this way. [22] Requesters were instructed to call 911 or the non-emergency line with these types of concerns, as SF311 requests cannot be monitored in real time. Subsequent to the process change, SF311 call volume decreased, while 911 and non-emergency call volume ticked up slightly in the following months. While this change may impact the analysis on a month-to-month basis, it does not account for the overall decreasing trend in call volume. For example, there were 3,887 fewer calls in December 2018 compared to June 2018 (just prior to the routing change). Further, the

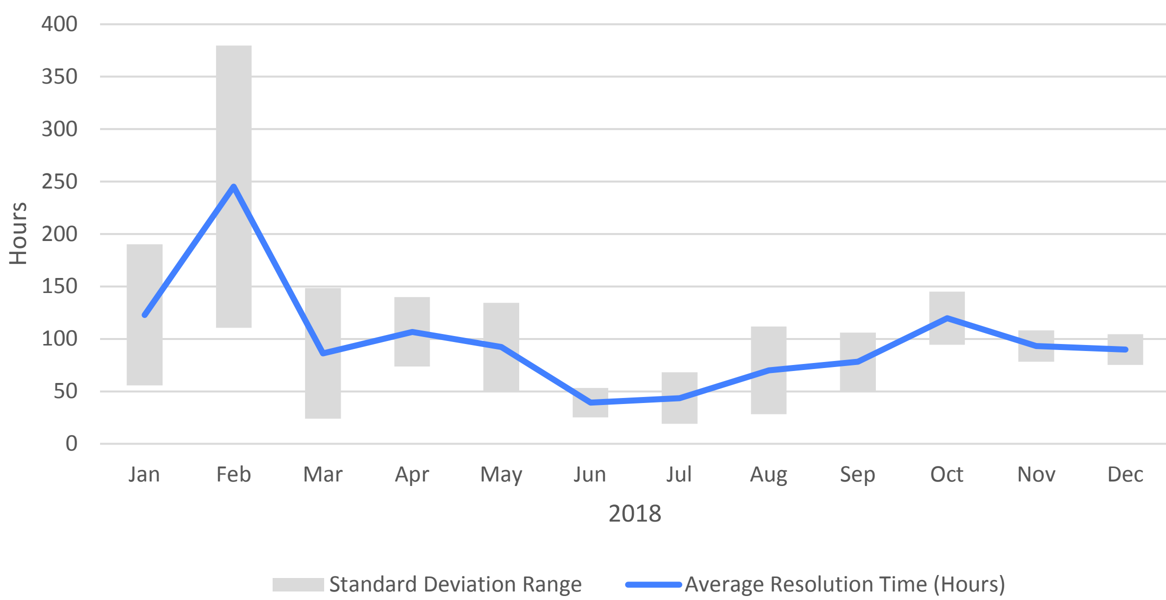
[22] From January 2018 to June 2018, there was a monthly average of 1,288 calls in the "Individual Concerns" category. This comprised a monthly average of 590 aggressive behaviors requests, 427 wellbeing check requests, and 272 homeless (other) requests.

downward trend continues from July through December—averaging a 5% decrease each month—rather than a static, one-time change that would be expected solely from re-routing calls.

Resolution Time

The average time that it takes to respond to and close a homelessness-related request has also trended down over this period.[23] For purposes of analysis, service requests to SF311 must be separated from 911 and non-emergency requests for service due to the different priority assigned to these requests. Figure 14 presents the average resolution time for homelessness-related SF311 requests each week since HSOC's launch, using the same keyword parameters as Figure 12.

Figure 14.
Average call resolution time for homelessness-related requests is down since HSOC began operations.



Similar to total call volume, Figure 14 shows a declining trend in average resolution time to SF311 homelessness-related service requests. However, resolution time is significantly more variable throughout the year than call volume. Some variability in resolution time may relate to HSOC testing a variety of response options, such as focusing on proactive strategies instead of solely reacting to calls. During January 2018, the average resolution time of SF311 homelessness-related

[23] Resolution time is calculated as the time from when a service request is opened (either via the SF311 application or by a call-taker) to when the call is closed in the system. There may be a variety of closure reasons, including Public Works cleaning around an encampment without removing it, SFPD moving individuals to another location, teams formally resolving the encampment, no encampment being found upon arrival at the scene, or a variety of other activities. This report uses "resolution" even if the encampment is not formally "resolved" because the SFPD has a specific definition of "response time" related to when an officer arrives at a scene.

requests was 123 hours (5 days and 3 hours). In December 2018, the average time was 90 hours (3 days and 18 hours)—a reduction of 33 hours or 27%.

In addition, call resolution time became more consistent over this time period, potentially revealing better coordination of calls that require a multi-departmental response. The shaded vertical bars represent the average resolution time each month plus or minus one standard deviation.[24] In January 2018, the standard deviation of resolution time was 67.3 hours, meaning that while the average was 123 hours, some calls may have had a 190-hour resolution time, while others may have had a 65-hour resolution time. This high level of variability may be a marker of inconsistent and changing response protocols. By December 2018, the standard deviation of resolution time fell to 14.7 hours, meaning that homelessness-related calls were resolved much more consistently around the 90-hour average.

Comparing Tent Counts and Call Volume

Tent counts and call volume serve as citywide indicators of the impact of HSOC's efforts in different ways. Call volume is generally more indicative of public perception of the issues, while the tent count provides objective details about areas of concern throughout the city. Figure 15 describes the variation between these indicators.

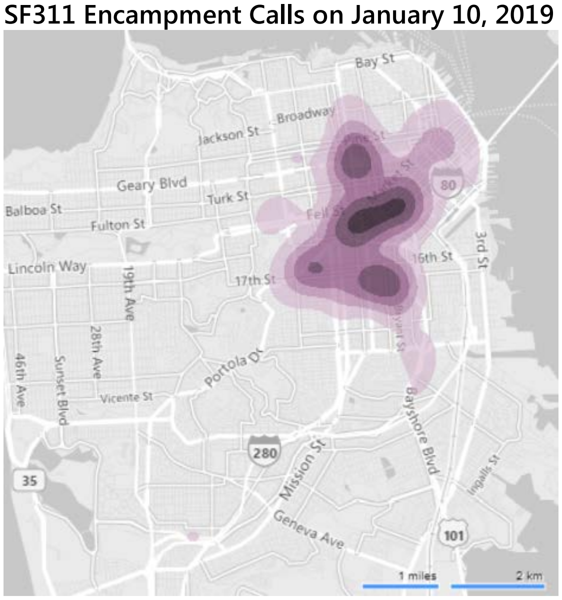
HSOC must be responsive to public concerns (as indicated through call volume) and must also plan comprehensive activities to address and fully resolve encampments (as indicated by the tent count). Thus, both indicators can help assess the impact of HSOC's efforts.

[24] The upper boundary of the shaded bars in the graph represents the average plus one standard deviation, while the lower boundary represents the average minus one standard deviation.

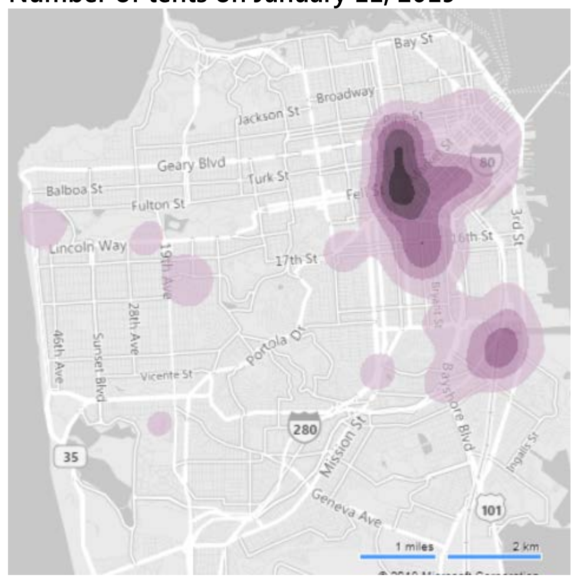
Figure 15.

SF311 encampment-related requests on the day prior to the January 2019 tent count generally reflect where major encampments exist, but miss several key locations (such as large encampments in the Bayview), and over-emphasize some areas with fewer tents (such as the Embarcadero).

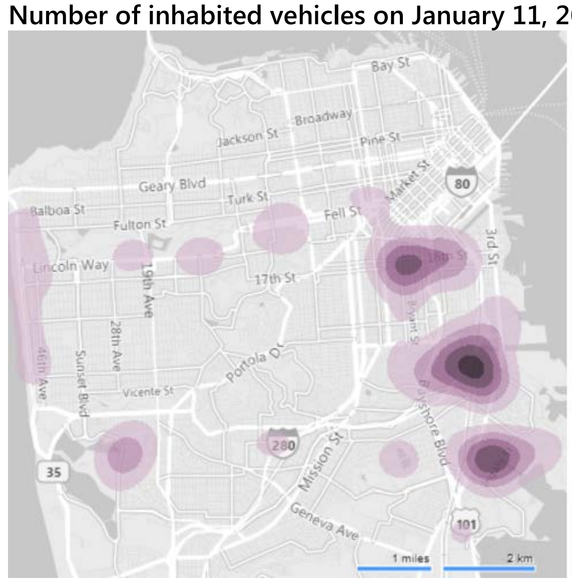
SF311 Encampment Calls on January 10, 2019



Number of tents on January 11, 2019



Number of inhabited vehicles on January 11, 2019[25]



[25] The vehicle count has not been fully validated and densities represented in the figure should be considered preliminary.

HSOC OPERATIONS AND SERVICES

Responding to encampments and other street issues requires engaging with individuals and finding appropriate options, whether it's shelter, treatment or another response. Each operational department within HSOC has a role in establishing a compassionate, equitable, and service-oriented response to individuals they encounter through HSOC operations.

Encampment Resolutions and Outcomes

HSH's Encampment Resolution Team (ERT) works to systematically address tent encampments across the city by connecting individuals in encampments to a safe place where they can begin their individual journeys out of homelessness. The ERT uses Navigation Centers as a resource when working to address large and medium-sized encampments throughout the city.

According to HSH, the ERT (with support from most HSOC departments) resolved 25 encampments in 2018. Building on the successful tent encampment resolution process, HSH and partners also began conducting vehicle encampment resolutions during the fall of 2018. ERT resolved three vehicle encampments during that time.

The largest encampment resolved had an initial estimate of 62 people in it when the resolution effort began. On average, the encampments resolved by HSH and partners had approximately 25 individuals living in them. Altogether, HSH reports that its teams engaged 580 homeless individuals through encampment resolutions in 2018. Of these, 63% (approximately 365) accepted offers of safe placements like Emergency Shelter and Navigation Centers.

Shelter and Navigation Placements

HSH provides Emergency Shelter and Navigation Center placements as an essential component to the City's response to homelessness. While some placements are coordinated with HSOC and ERT, the majority of placements reported in Figure 16 are part of HSH's standard service model (referrals as a result of HSOC operations cannot be tracked with existing data).

Figure 16.
HSH placed approximately 7,600 individuals in shelter and navigation centers in 2018.

	Monthly Average	Total (2018)
Individuals Utilizing Emergency Shelter	491	5,887
Individuals Utilizing Navigation Center	143	1,711
Total	**281**	**7,598**

Navigation Centers are residential facilities designed to meet people where they are and provide a safe alternative to life on the streets. In addition to a warm bed and meals, Navigation Centers also support individuals to connect to housing, social services, and public benefits. Guests receive temporary shelter while staff provides intensive case management, access to health care and public benefits, and resources for job training and housing.

More traditional Emergency Shelters are also a valuable resource. Depending on the shelter, individuals can stay for seven days up to 120 days, and while some Emergency Shelters are limited to evening hours only, others offer resource centers and ability to stay during the daytime as well.

Health-Focused Engagement and Referrals

DPH provides medical and behavioral health services to individuals on the street through a variety of programs, and in coordination with other participating departments and nonprofit service providers. The data reported below includes engagements and referrals provided by DPH teams and DPH-funded organizations, including the Crisis Response team, the Felton Engagement Specialist Team, LEAD outreach workers, the Community Health Response Team, the Sobering Center, and the Street Medicine team. As with the placements reported above, while some of these services are coordinated with HSOC, the majority are part of DPH's standard service model (engagements and referrals cannot be specifically linked to HSOC operations).

Figure 17.
DPH referred 1,500 individuals to one or more services in 2018[26] and conducted 11 health fairs to directly provide health services to homeless clients.

All DPH Outreach	Monthly Average	Total (2018)
Individuals Engaged via DPH Outreach	659	7,904
Individuals Referred to Service	125	1,499
Health Fairs – 11 in 2018		**Total (2018)**
Medical Engagements		281
Individuals newly connected to health system		64
HIV tests conducted		353
Individuals testing positive and connected to treatment		10
Hepatitis C tests conducted		359
Individuals testing positive and connected to treatment		67
Buprenorphine starts (opiate addition treatment)		47
Shelter and Navigation Center placements via health fairs		29

Another intervention that helps improve health outcomes and connect individuals to care are health fairs. The Encampment Health Collaborative is an initiative of DPH, HSH, and community-based organizations with a goal of providing on-the-spot access to health care for people living in encampments in San Francisco. DPH began coordinating these health fairs in November 2016, and collaborated with ERT and HSOC to resolve the largest long-term encampments. Subsequently, DPH continued to hold monthly health fairs in various areas of the city. Health fairs provide low-barrier access to health services for homeless individuals, including:

- Vaccinations for Hepatitis A, Hepatitis B, and/or flu
- Family planning

[26] The totals and averages in this table are estimates. Some of these measures were not reported for the entire year, though the work was occurring. These measures are annualized to provide an estimated average and total for 2018.

- Addiction treatment (e.g., Buprenorphine for opiate addiction)
- Testing for HIV, Hepatitis C and sexually transmitted diseases; PrEP/PEP for HIV prevention
- Wound care

Additionally, staff at health fairs offer harm reduction services, including Narcan trainings, education about and supplies for safe syringe disposal, and resources and referrals.

Police Referrals to Service

As Police are often the first responders to a request for service, SFPD has trained its homeless outreach officers to equip them with the skills to refer individuals to other City services, using citations and arrest only when criminal activity warrants it. The SFPD plays in important role in ensuring that HSOC's response to requests for service follow HSOC's stated values of leading "with compassion and respect."

Between April and November 2018, DPH provided 20 trainings and presentations to SFPD officers assigned to HSOC to enhance their engagement skills and increase their awareness about available services. Additional training on relevant topics has been delivered by other partners, including HSH. An objective of the trainings is to help strengthen the rapport that HSOC-assigned officers can develop with individuals experiencing homelessness, and thus increase the likelihood of those individuals to engage with the City's supportive services.

SFPD's HSOC officers began standardized tracking of their engagements in July 2018. The data in Figure 18 summarizes referrals made by HSOC officers during the time when data is available (though referrals to service were provided on an ad-hoc basis before then). It includes referrals to the HSH Homeless Outreach Team, to seven-day Navigation Center Beds, and to DPH for health service engagement.[27]

Figure 18.
SFPD homeless outreach officers provided over 350 referrals to City services since August 2018.

	Monthly Average	Total (Aug - Dec 2018)
SFPD Referrals to Homeless Outreach Team	56	286
SFPD Referrals to 7-Day Navigation Beds	10	50
SFPD Referrals to DPH Services	7	34
Total	72	370

[27] "Referrals" are distinct from "linkage." Referrals indicate that officers provided DPH or HSH information about a potential client. DPH and HSH may triage that referral and determine the appropriate and available response, e.g., sending an outreach worker to the scene, or adding the individual to the "priority list." At present, there is no means to track how many HSOC referrals result in linkage to care.

4. Looking Ahead

Establishing HSOC has been an ambitious undertaking by the City, creating large-scale changes to how the City responds to the complex issues of street homelessness, behavioral health, and street safety and cleanliness. As HSOC enters its second year, the cross-departmental initiative continues to plan improvements, test new strategies and tactics, learn from these tests of change, and refine its approach. The Policy Group and HSOC operational teams are discussing many of the following areas to further solidify the initiative and improve the City's response.

Increasing the Use of Data

Departments are interested in expanding the use of data at the operational level to drive tactical planning and at the Policy Group level to guide decision-making. For example, the operational teams continue to explore how to use the information from quarterly tent counts to guide collaborative response efforts.

Additionally, SFPD's officers assigned to HSOC document their activities, and this field-level information can provide important insights into gaps in the City's response, such as availability of resources for homeless individuals the officers encounter. Further tracking and analysis of this data can help the Policy Group make informed resource decisions.

Beginning in 2019, HSOC has launched a "data working group" to coordinate across departments on tent count methodology, data tracking and analytical needs moving forward.

Increasing Consistency

Departments are interested in building more consistency in the operational response processes, which is currently impacted by varying hours of operation between different resources. HSOC began as a daytime-only response, which created a backlog when issues arose overnight or on weekends. HSOC has extended some staff into swing and weekend shifts, but not all departments have resources to accommodate that expansion. The Policy Group is engaging in discussions about what resources are needed to ensure a consistent, collaborative response to the individuals encountered on the streets, both day and night. While HSOC has established certain strategies to build consistency in the short-term, broader system changes (and requisite resource allocations) may be necessary to create a truly consistent response to encampments and street behaviors, e.g., increasing homeless outreach services such that all encamped individuals receive outreach and are linked with services.

Goals and Objectives of HSOC

Several departments have expressed an interest in revising the strategic framework, particularly in relation to the "dual focus" of both encampment-related issues and behavioral health issues. As the framework changes, so to must the performance measures tied to HSOC's objectives.

Further, the charter and strategic framework contain broad objectives for the initiative; many are not fully measurable and the Policy Group has not yet established targets. Creating a performance management structure could help keep both Policy Group and operations staff focused on achieving well-defined results.

Refining the strategic framework could be an important area of work as HSOC matures, and a critical tool for establishing priorities and maintaining a focused approach to a complex set of issues.

Structure and Systems

Departments continue to need a coordinating entity to help ensure that HSOC's overarching goals and objectives are addressed and to resolve ongoing communication and coordination challenges. Beginning in 2019, DEM has assigned staff to support HSOC to more fully ingrain the ICS framework, including clarifying roles of staff assigned to HSOC. As deployment processes have changed and as new departmental partners are incorporated into HSOC operations, HSOC is now discussing documentation of "standard operating procedures" to support both field and dispatch staff to better understand their roles in the various activities HSOC engages in.

Additionally, SF311 has supported SFPD and Public Works to more fully adopt the SF311 "Connected Worker" application, which allows individuals in the field to review service requests, see images and post "after" photos, write notes about the response, and close or transfer the request. Not all departments have, use or are trained on the application, and so full adoption has been slow and sporadic. As HSOC explores new ways to use this and other technology to enhance its work, it must ensure staff understand the utility of such systems and buy in to the process changes they create.

Increasing Transparency

HSOC has carried out numerous joint operations to address public concerns and connect encamped individuals with services over the last year, yet has not always had the bandwidth to share this information with the public. Recently, HSOC developed a workgroup of Public Information Officers from stakeholder departments working with the Mayor's Office to ensure better information sharing regarding HSOC's actions and accomplishments. Moving forward, the Mayor's Fix-It Team has joined HSOC, which can help improve communication with the community about actions taken in specific neighborhoods. The SF311 application can provide users with information about what occurred in response to their service requests, such as photos of the completed response and other information entered by workers in the field using the Connected Worker application. Enhancing public information will be critical for increasing transparency and helping HSOC to focus on its top priorities, an important area of work for HSOC moving into its second year.

Appendix A. Use of ICS Concepts within HSOC

HSOC has applied many of the core ICS concepts to organize resources and establish protocols. Examples of how the concepts are applied, along with their challenges, are summarized in Figure A-1 below.

Figure A-1.
HSOC applies core ICS concepts to a long-term, multi-faceted incident, which can pose challenges.

ICS core concepts	ICS concept application at HSOC
Common terminology – use of similar terms and definitions for resource descriptions, organizational functions, and incident facilities across disciplines.	HSOC uses similar terms and definitions for encampments, defined as one or more tent or improvised structure.
Integrated communications – ability to send and receive information within an organization, as well as externally to other disciplines.	While HSOC has made major improvements in integrating how calls for service are received, how staff are deployed, and how calls are closed, communications are not truly integrated. For example, calls for service continue to be received across three main channels: emergency (911), non-emergency (0123), and SF311. In addition, not all field staff have access to and/or are fully trained on closing calls in the field via the Connected Worker application. This work is ongoing.
Modular organization – response resources are organized according to their responsibilities. Assets within each functional unit may be expanded or contracted based on the requirements of the event.	HSOC currently organizes resources according to their responsibilities, and has expanded resources to better match the need, where possible. HSOC may need to continue to assess how its response resources are organized as new agencies are added to the operational group.
Unified command structure – multiple disciplines work through their designated managers to establish common objectives and strategies to prevent conflict or duplication of effort.	HSOC has established a basic command structure and has worked to agree upon objectives and strategies via the charter. HSOC is working to further institutionalize these objectives and strategies, as well as address gaps in coordination and communication internally and with external partners.
Manageable span of control – response organization is structured so that each supervisory level oversees an appropriate number of assets (varies based on size and	Departments have organized their internal functions to create a manageable span of control for representatives placed at HSOC. For example, DPH has numerous functional areas, each with its own management structure (e.g., Street Medicine, LEAD, etc.). DPH has established an

complexity of the event) so it can maintain effective supervision.	internal unified command structure, and places a single representative at HSOC to liaise between HSOC needs and DPH services.
Consolidated action plans – a single, formal documentation of incident goals, objectives, and strategies defined by unified incident command.	Through HSOC's Event Action Plan (EAP), the incident goals, objectives, and strategies for the upcoming operational period are documented. However, the EAP is not the single source of plans. HSOC also has a charter, and documents other activities via progress reports. HSOC is currently working to streamline planning documentation and processes.
Comprehensive resource management – systems are in place to describe, maintain, identify, request, and track resources.	HSOC has existing systems for describing current resources, though, a comprehensive resource management system does not yet exist. Departments manage their own resources through internal processes.

Appendix B. Timeline of HSOC Operations and Milestones

Date	Milestone
January 2018	HSOC opened (January 16, 2018).
	SF311 developed enhancements to reporting, including: ▪ Creating a web-based map of encampments reported via SF311 for view in HSOC for general awareness ▪ Developing a weekly summary report providing metrics related to case types, closure status, and geographic information including HSOC specific zones ▪ Automatically deduplicating cases reported as encampments.
	DPH and HSH started delivering weekly specialized training on service provision for SFPD officers.
February 2018	SF311 added a "with or without people" option to the encampment field within the application to assist HSOC in understanding which departments should be included in a coordinated response (e.g., with people includes SFPD, while encampments without people could be a "cleaning only" response by Public Works).
April 2018	SF311 created the "HSOC Queue" and started routing all homeless and encampment-related calls in the Mission district to it for HSOC triage rather than directly to Public Works and other agencies.
	HSOC conducted two "Mission Pilots" which tested proactive, collaborative major cleanup in a targeted area within the district, and a reactive, collaborative response process to calls within the district.
	SFPD's HSOC Officers began using the Connected Worker application. Connected Worker allows staff to receive requests in the field on their handheld device and close the requests with photos, allowing the public to see the before and after photos in the request.
	SFPD cadets conducted call-backs to all non-emergency calls that included phone numbers to inquire about the issue and provide response information
May 2018	Public Works assigned a dispatcher to HSOC to coordinate dispatch of Public Works and SFPD resources.
	Public Works Hot Spot Crew began using Connected Worker to resolve requests, though adoption and use of the application to close cases was sporadic.
July 2018	HSOC conducted the first citywide tent count, a collaborative effort of SFPD, HSH and Public Works, as well as the Recreation and Parks Department and the National Parks Service.

	SFPD updated policies[28] to clarify processes for officers responding to encampments.
	HSOC extended operational hours through swing and weekend shift by increasing the number of officers from 6 to 24 (SFPD only).
	SF311 updated menus on the public application to better align with HSOC operations. SF311 removed the "encampment" option from the Street Cleaning and Blocked Sidewalk menu (which is automatically routed to the Public Works radio room for deployment). Instead, SF311 added Encampment as a new menu item that routed directly to the HSOC Queue for coordinated deployment based on the conditions at the site. As part of this change, SF311 made contact information required for encampment service requests so that HSOC staff could follow up with the caller to get more information about the issues in order to make good deployment decisions. SF311 also removed the Homeless Concerns option from the main menu, as it included emergent issues like aggressive behavior and wellness checks, which are more properly routed through 911 or the non-emergency line. The SF311 application and call takers began informing users attempting to submit concerns about individuals that these types of service requests are not monitored in real time and they should direct their service request to 911 or the non-emergency line.
August 2018	HSOC designated SF311 as the primary reporting mechanism for encampment-related calls and 911 or the non-emergency line for emergencies, individual concerns, and criminal activity via SF311 application changes, routing all SF311 calls citywide via the "HSOC queue" to create single dispatch out of HSOC.
	SF311 removed the distinction of encampments with people vs. without people, as this information did not prove accurate for deployment. Instead, SF311 updated the public application to include a new e-form for the Encampment option. The form asks a variety of questions about the site to help HSOC representatives to make good deployment decisions. SF311 removed its internal triage process related to encampment service requests. Instead, SF311 immediately sent all encampment-related issues to the HSOC Queue for triage by the team HSOC. SF311 worked with DEM to develop consistent messaging between SF311 and 911/non-emergency on who to call for what types of issues, and began sending other service types referencing homelessness or encampments to HSOC for dispatch.
	HSOC designated SFPD as primary responder for all encampment-related service requests. The DEM dispatcher and Public Works dispatcher collaborate to deploy HSOC officers first and identify when a Public Works crew may be needed. This created a single response process for all encampment calls.

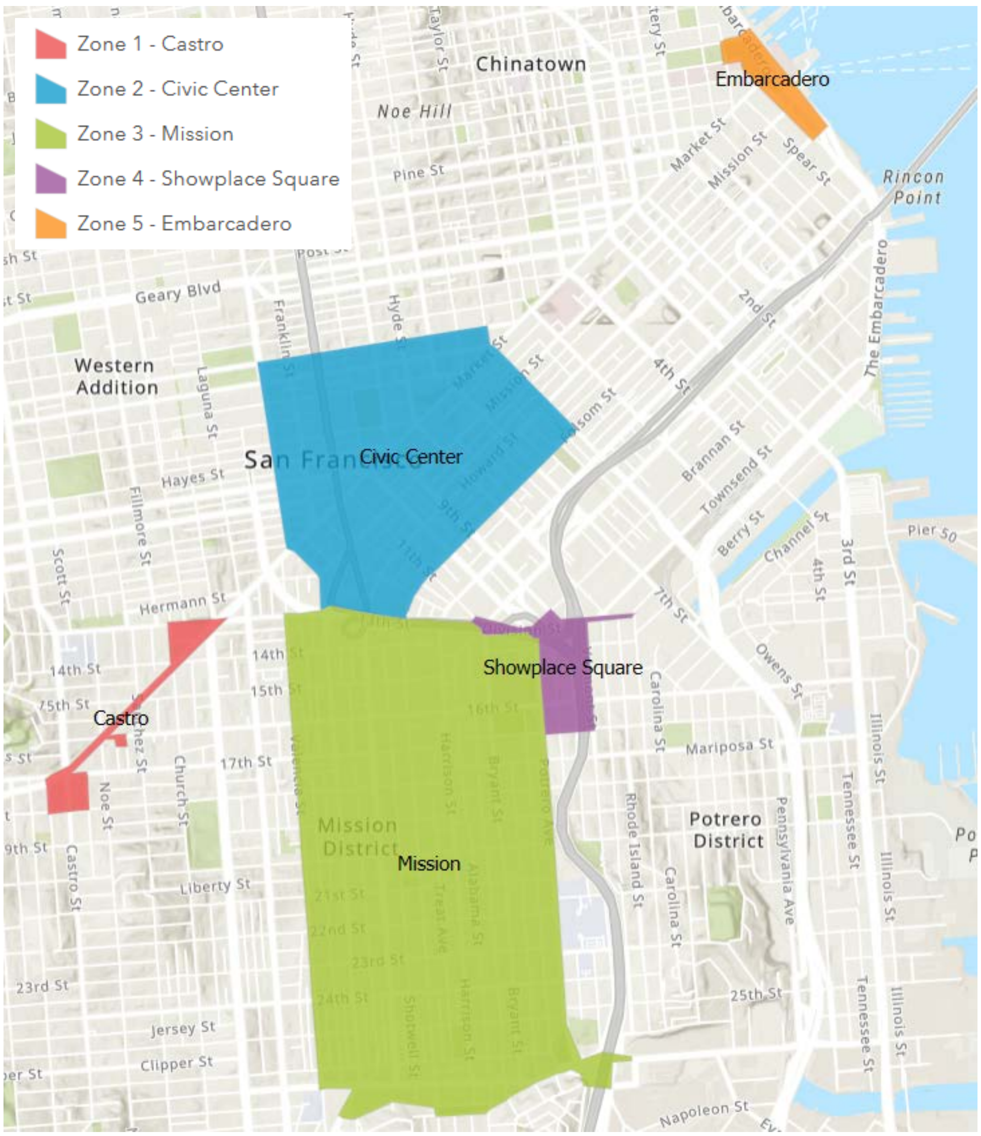
[28] The SFPD revised two policies: "Legal Options for Addressing Illegal Encampments" and "Protocol for Processing Homeless Property consistent with DPW's bag and tag policy."

	DPH began maintaining the "High Priority List," consolidating information from a variety of departments and field staff and working with HSH and others through case conferences to create service plans for prioritized individuals.
	DPH designated its Sobering Center as the primary drop-off location for triaging homeless individuals not requiring emergency services after-hours.
	The Policy Group established HSOC's charter and refined the strategic framework to include a new goal and strategies that directly address the health aspects of HSOC's work.
October 2018	HSOC conducted the second citywide tent count.
	HSH's Homeless Outreach Team began training to use the Connected Worker app, though availability of mobile devices was initially limited.
	SF311 added the ability for public users of the application to close or cancel their requests, e.g., if the encampment is no longer present. SF311 also created new email notifications for the application.
	SFPD and DPH began the "Healthy Street Intervention Program" (HSIP) to respond to individuals using drugs on the street in the Tenderloin.
November 2018	HSH conducted the first inhabited vehicle count and administered a survey to better understand the population sleeping in vehicles.
January 2019	HSOC conducted the third citywide tent count; separately, HSH administered the biennial Point in Time (PIT) count.
	Over 8,000 HSOC requests have been closed using SF311's Connected Worker application by users from SFPD, Public Works, HSH, and SF311.

Appendix C. HSOC's "Zones"

At its inception, HSOC established five geographic zones[29] for targeted response (see Figure C-1). The zones were originally intended to help prioritize deployment and focus attention on particular areas of concern.

Figure C-1.
HSOC established five geographic zones as one of the initial mechanisms to prioritize efforts.



Note: Zone 6 – Encampment Resolution are not shown; the locations are citywide.

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[29] A sixth "zone" for encampment response and re-encampment prevention was used to highlight and manage areas addressed via the Encampment Working Group process.

As operations commenced, the distinctions between zones became clear, as did the need to better understand the issues and related strategies being delivered within each zone. The Controller's Office facilitated operational zone planning meetings to identify key issues, strategies, and performance measures associated with activities in each zone (see Figure C-2).

Figure C-2.
The five geographic zones have distinct areas of concern, each requiring specific operational responses.

Zone	Primary Issues for HSOC Response
Zone 1: Castro	• Individuals sleeping in doorways
Zone 2: Civic Center	• Public drug use, drug sales, and other criminal activity • Individuals with behavioral health issues (including serious mental illness) • Litter and cleanliness of streets and sidewalks • Loitering • Feelings of safety for visitors and residents
Zone 3: Mission	Encampments (tents or improvised structures)
Zone 4: Showplace Square	Encampments (tents or improvised structures)
Zone 5: Embarcadero	• Individuals with behavioral health issues (including serious mental illness) • Feelings of safety for visitors and residents • Individuals who are homeless or marginally housed • Litter and cleanliness of streets and sidewalks • Overnight loitering

Over time, expectations for HSOC expanded beyond simply responding to smaller geographic areas. Additionally, most departments have consistent response protocols regardless of zone and did not have sufficient resources to prioritize these activities within the zones while also continuing normal citywide operations. While the zones and their operational plans continue to provide a mechanism to focus attention on key issues, these zone plans do not necessarily inform deployment decisions, and HSOC does not prioritize the zones over response efforts needed citywide.